

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Towashp. St. Francois
Near City Farmington, Mo. (No. 4)

Registration District No. 773
Primary Registration District No. 6018 A

File No. 2840
Registered No. 31
St. _____ Ward _____

2. FULL NAME Caleb Emerson Bacon

(a) Residence, No. Webster Groves, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fanny Hunt Bacon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 70 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Mo. Pacific
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 105
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Caleb N. Bacon

14. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass.

15. MAIDEN NAME Abbie Frances Moser

16. BIRTHPLACE (CITY OR TOWN) Providence
(STATE OR COUNTRY) R.I.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL Oakhill Cemetery DATE January 9, 1936
PLACE Kirkwood, Mo.

19. UNDERTAKER Alexander & Son
(ADDRESS) Kirkwood, Missouri

20. FILED Jan 7 1937 T.B. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1936, to Jan 6, 1937

I last saw him alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis Date of onset _____

Other contributory causes of importance: Cerebral Apoplexy 2 1/2 yrs ago and marked emphysema and physical deterioration

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinul Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify P.S. Tate (Signed) _____, M. D.
(Address) State Hosp. #4 Farmington Mo.

